EI	VT	RY	B	LA	NK
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PLEASE TYPE OR PRINT Ms. Lisa Klausner ☐ Mr. Artist (Last Name Last) 3000 Laurel Rd Shaker Hts Permanent Address Street 216 991 44120 Daytime Tel. (Zip Area Code Temporary or 1236 Ocean Drive Miami Bch Studio Address Street City Daytime Tel. (395 672 0695 33139 Zip Area Code If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Cuyahoga Collaborator (If Any) If May Show entries are not accepted or not sold: Artist will pick up at Museum.

Special Instructions

☐ Museum should dispose of.

to this address:

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

☐ Museum should ship to artist at artist's expense

This Entry Blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 21, 1985.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

> DO NOT DETACH

			gs		☑ 3.	Photo	ography	
	Materials							
	Black	& Wh	ite Ph	otog	raph			
	handpainted with oils							
	Title Scarbo	ourou	gh Pav	illi	on	An	ed	
	Price or NFS \$ 375.	00	Insurance if NFS (ce Value Only	Siz 2	e Oux	24" (fr	
#	Additional No. For Sale		ND PHOTO tal No. in Ed		Price Unframe \$345		Price of	
		DO NOT	WRITEIN	THIS SE	CTION			
	ACCEPTED			111002		AC	CEPTED	
	X		9 /	21			7	
	REJECTED	- 4	4 (7/		RE	JECTED	
DETACH	Materials Black	& Wh		Crafts otogi		(0)		
	Title Weymouth Pier 7-4							
	Price or NFS #375.00 Insurance Value If NFS Only Size 2011 x 24 14 (Fv.							
GRAPHICS AND PHOTOGRAPHY ONLY					/			
	Additional No.	Tot	al No. in Edi	tion	Price	TI	Price of	
	For Sale 2	1	NA)3	Unframe \$345	d	rame 30	
	ACCEPTED	DO NOT	WRITE IN CTION	ACC	EPTED	RE	CEIVED	
			101		#	1 00		

1985 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

	Lina	Klau	med	
Name	3070	LAUI	REL.	なな
	1230 W	ear	Olline) HE12H
Address	SHAKER	HTS	0 4	4120
	Manu	Brace	it, Tha	7.1
City & State	9		Zip	

33139

Tues-Sat

This is your only receipt to claim your object(s).

☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Crafts					
Title Scarbouraugh Pavillion					
DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED			
2 (3)	X				
2 ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Crafts					
Weymouth Pier					
DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED			
3 (3)		X			
RETURN OF OBJE	CTS:	cx			

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed

ACCEPTED: JULY 29-AUGUST 3

REJECTED: JUNE 4-8 -